



MECKLENBURG COUNTY PARK AND RECREATION DEPARTMENT

Therapeutic Recreation

REGISTRATION FOR SUMMER DAY CAMP 2016

YOUTH AND TEEN SUMMER DAY CAMP

MUST COMPLETE ONE (1) FORM PER CAMPER - ** PLEASE PRINT **

CAMPER'S NAME: _____

AGE: _____ DOB: ____/____/____ SEX: ☐ M ☐ F

T-SHIRT: ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Adult Small ☐ Adult Medium
☐ Adult Large ☐ Adult XL ☐ Adult 2XL ☐ Adult 3XL

(One T-shirt per participant is included in Summer Day Camp registration)

ADDITIONAL T-SHIRT FEE: **\$15.00 per shirt** ☐ Check if you are purchasing an additional T-shirt

DISABILITY: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____

Week	Check Weeks	Dates	(6 – 9 years old) Little Big Camp Tom Sykes RC 7:30 am – 5:30 pm	(10 – 12 years old) XTreme Kids MLK RC 7:30 am – 5:30 pm	(13 – 15 years old) CampQuest MLK RC 7:30 am – 5:30 pm	(16 – 21 years old) TREC Marion Diehl RC 7:30 am – 5:30 pm
1		6/13 – 6/17	\$100.00	\$100.00	\$100.00	\$100.00
2		6/20 – 6/24	\$100.00	\$100.00	\$100.00	\$100.00
3		7/5 – 7/8	\$100.00	\$100.00	\$100.00	\$100.00
4		7/11 – 7/15	\$100.00	\$100.00	\$100.00	\$100.00
5		7/18 – 7/22	\$100.00	\$100.00	\$100.00	\$100.00
6		7/25 – 7/29	\$100.00	\$100.00	\$100.00	\$100.00
7		8/1 – 8/5	\$100.00	\$100.00	\$100.00	\$100.00
8		8/8 – 8/12	\$100.00	\$100.00	\$100.00	\$100.00
Total weeks:			Total Amount Due: \$			

A Therapeutic Recreation Assessment will be scheduled with both the parent/ guardian and the participant prior to the start of camp.

(OVER)

ADA Statement

The Mecklenburg County Park and Recreation Department will comply with the Americans with Disabilities Act (ADA) which prohibits discrimination on the basis of disability. Mecklenburg County will make reasonable accommodations in all programs to enable participation by an individual with a disability who meets essential eligibility requirements. Mecklenburg County programs will be available in the most integrated setting for each individual. If any accommodations are necessary for participation in any program or service, participants are encouraged to notify staff at the time of registration or at least 48 hours prior to program commencement. Upon request, this information is available in an alternative format for persons with disabilities.

Mecklenburg County Park and Recreation welcomes people of all abilities to our programs.

Inclusion Statement

Mecklenburg County Park and Recreation Department believes in the value of inclusive leisure and recreation experiences for all members of the community regardless of their level of ability. The Department makes every effort to ensure inclusive opportunities in all program services including parks, facilities, programs, special events and classes.

Consent and Release

I, Parent or Guardian's Name, hereby grant permission for the participant, Camper's Name, to take part in the Summer Day Camp program, which is sponsored by the Mecklenburg County Park & Recreation Department.

I also agree, on behalf of myself and the participant, not to make any claims or demands of any kind against Mecklenburg County or any of its employees or agents for any loss or injury that the participant might sustain while engaged in the TR Summer Day Camp program, including transportation to the program site.

I authorize such physician or medical staff as the Mecklenburg County Park and Recreation Department, my designate, to carry out any minor medical/surgical treatment and/or medication necessary, or to take the participant to the nearest emergency facility, and I/we further authorize its medical staff to provide any treatment deemed necessary for the well-being of participant.

I also agree that photographs and/or videos of the participant may be published for the purpose of publicizing and promoting programs operated and/or sponsored by the Mecklenburg County Park and Recreation Department.

A full refund will be issued for programs cancelled due to low enrollment or inclement weather. A partial refund (refund minus a 10% service charge) will be issued when the registrant submits a written request for a refund a minimum of ten (10) days before the program start date. A partial refund (minus a 10% service charge) will also be approved if the registrant submits a physician's letter advising against participation before the first session.

NO REFUND will be approved less than ten (10) days before the first day of each week of camp (without a physician's letter).

Signature of Parent/Guardian _____

Date _____

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OFFICE USE ONLY

Received by:

Staff: _____

Date: _____